

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		—		
5		①		1		
6		3		—		
7		3		3		
8		3		3		
9		①		—		
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TOTAL IND.	1		2			
TOTAL DEP.	16		14			
TOTAL CLAIMS	17		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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